

1653/18

<b>TRANSMITTAL FORM</b> <small>(to be used for all correspondence after initial filing)</small>		Application Number	09/424,487
		Filing Date	February 29, 2000
		First Named Inventor	Choo, Yen
		Art Unit	1653
		Examiner Name	Laurie A. Mayes
Total Number of Pages in This Submission		Attorney Docket Number	019496-006220US

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		Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual	Townsend and Townsend and Crew LLP Joe Liebeschuetz	Reg. No. 37,505
Signature		
Date	March 5, 2003	

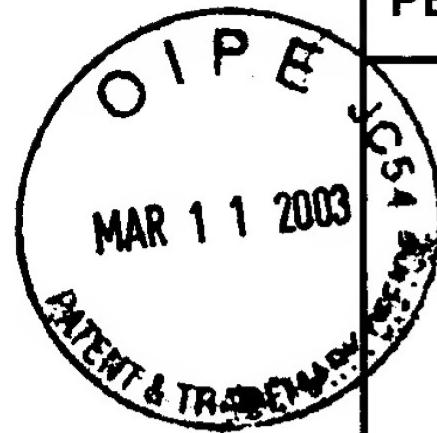
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Typed or printed	Paula Faulk Hurley		
Signature		Date	March 5, 2003

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## PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number (Optional)  
019496-006220US

In re Application of Choo et al.

Application Number 09/424,487 Filed February 29, 2000

For NUCLEIC ACID BINDING PROTEINS

Group Art Unit 1653 Examiner Laurie A. Mayes

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows  
(check time period desired):

- |   |       |
|---|-------|
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))   | \$110 |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))   | \$    |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$    |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$    |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$    |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ .      |       |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.  |       |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |       |
| <input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.  |       |
| <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 20-1430. |       |
- I have enclosed a duplicate copy of this sheet.

I am the  applicant/inventor.

assignee of record of the entire interest. See 37 CFR 3.71

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

attorney or agent of record.

attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a). \_\_\_\_\_

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March 5, 2003

Date

Signature

Joe Liebeschuetz, Reg. No. 37,505

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of 1 forms are submitted.

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